PTC/S8/06 (08-03)

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Und	PATE	NT APPLIC	ATION Substitut	FEE DETEI	RMINATIO	N RECORD		70/	829-C	59	
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)						SMALL ENTITY		OR	OTHER SMALL		
FOR NUMBER FILED NUMBER EXTRA				RATE	FEE	1	RATE	FEE			
IASIC FEE 37 CFR 1.16(a))						<b>s</b>	OR		5		
OTAL CLAIMS 7 CFR 1.16(c)) 42 minus 20 = .				x \$=		OR	x s=				
IDEPENDENT CLAIMS 7 CFR 1.16(b)) 3 minus 3 a				x \$*		OR	x s=				
ULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16(d))						+3=		OR	+5=		
If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL		OR	TOTAL		
		AIMS AS AMI		•							
1-5-75 (Cotumn 1) Hecl (Cotumn 2) (Catumn 3)						SMALL E	SMALL ENTITY		OTHER THAN SMALL ENTITY		
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD+ TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDINEN	Total (37 CFR 1.16(c))	29	euniM	-42	*	x s=	•	OR	x s=		
	independent (37 CFR 1,15(b))	2	Minus	···3	• -	x \$=		OR	x s=		
ŧ	FIRST PRESENTA	ATION OF MULTIPLE	E DEPENDE	INT CLAIM (37 CF	FR 1.16(d))	+5 =		OR	+5=		
9 6/05					(Carbana 2)	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
_		(Column 1) CLAIMS		(Column 2) HIGHEST	(Cotumn 3)	RATE	ADDi-	] -	RATE	ADDI-	<u></u>
		REMAINING AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	RAIE	TIONAL	]	.02	TIONAL FEE	
AMENDMEN	Total pr cFR 1.16(4)	41	Minus	42	: 5	x s		OR	x s=	250	1
Ž	Independent (37 CFR 1.15(b))	6	Minus	<u> 3</u>	.3	x \$=		OR	x s=	60	P
ξ	FIRST PRESENT	ATION OF MULTIPL	E DEPENDE	91T CLASM (37 CI	FR 1.16(d))	+5_=		OR	+3		
_						ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)						1
2		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1,16(cl)	•	Minus	••	•	x s=		OR	x s		]
Ζl	Independent (37 CFR 1,16(b))	•	Minus	d=+0	•	x \$=		OR	x s =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+5=		OR	+ 5 =	· ·	]
_1			_			TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		]
	" If the "Highest h	olumn 1 is less the lumber Previous! lumber Previous!	y Paid For	IN THIS SPACE	is less than 20, is less than 3. 6	3. "	the appropri	ate box in		125. ·	** ***
-	-5	nation is required application. Conf	1 hu 37 CE	D 4 16 The infe	amation is romi	en or cietate of the	tain a benefit	by the or	ebic which is to	file (and by the	

on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS.TO.THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.